



## Allied Health • Durable Medical Equipment and Medical Supplies

### October 2005 • Bulletin 360

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### 2005 CPT-4/HCPSCS Codes and Modifiers Update

Effective November 1, 2005, the following code and modifier conversions are taking place due to annual HCPSCS updates and/or mandated HIPAA conversions:

- Conversion to the 2005 CPT-4 and HCPSCS Level II codes
- Policy updates related to the 2005 CPT-4 and HCPSCS Level II code updates
- ICD-9 procedure code update for inpatient providers
- HIPAA-mandated conversion of hearing aid and accessory codes and modifiers
- HIPAA-mandated conversion of interim modifiers
- HIPAA-mandated conversion of respiratory care practitioner codes

Policy for all updates were announced in the September 2005 *Medi-Cal Update*. Provider manual updates are included in this month's *Medi-Cal Update*.

### Rate Adjustment for Thoracic-Lumbar-Sacral Orthoses (TLSO)

Retroactive to dates of service on or after September 22, 2003, the maximum allowance for HCPSCS code L0486 (TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated) is increased to \$1,354.09. Providers who submitted claims for code L0486 for dates of service on or after September 22, 2003 do not need to resubmit a claim. Claims will be automatically reprocessed.

*These changes are reflected on manual replacement page [ortho cd1 3](#) (Part 2).*

### Rate Adjustments for Selected Orthotic & Prosthetic (O & P) Appliance Codes

Effective for dates of service on or after November 1, 2005, reimbursement rates will be adjusted for the following O & P appliance codes:

- L3140 and L3150 (abduction and rotation bars)
- L3300 and L3310 (shoe modification - lifts)
- L3530, L3540, L3550 and L3570 (miscellaneous shoe additions)
- L3610 (transfer or replacement)
- L3911 (custom fitted wrist-hand-finger orthosis)

*Please see **Rate Adjustments**, page 2*

**Rate Adjustments** (*continued*)

Please refer to the *Orthotic and Prosthetic Appliances* section in the appropriate Part 2 manual for a list of O & P appliance HCPCS codes and maximum allowances for these codes.

*These changes are reflected on manual replacement pages dura bil dme 9 (Part 2) and ortho cd1 17 thru 20 and 22 (Part 2).*

**Durable Medical Equipment (DME) for California Children's Services (CCS) Clients**

The following Durable Medical Equipment (DME) codes are allowed only for California Children's Services (CCS) clients and require authorization by the CCS program:

<u>HCPCS Code</u>	<u>Description</u>
A4606	Oxygen probe for use with oximeter device, replacement
E0445	Oximeter device for measuring blood oxygen levels non-invasively
E0463 *	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)
E0464 *	used with non-invasive interface (e.g. mask)
E0481	Intrapulmonary percussive ventilation system and related accessories
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0635	Patient lift; electric, with seat or sling
E0639 *	Patient lift, movable from room to room with disassembly and reassembly, includes all components/accessories
E0640 *	Patient lift, fixed system, includes all components/accessories

\* Effective for dates of service on or after November 1, 2005. Other codes listed are currently effective.

*This information is reflected in a new provider manual section, **Durable Medical Equipment (DME): Billing Codes for California Children's Services (CCS)** (Part 2).*

**Intermittent Catheters with Attached Collection Bags Reimbursement Change**

The following manufacturers have been added to the *Medical Supplies: Manufacturer Billing Codes* section. Effective for dates of service on or after October 1, 2005, intermittent catheters with attached collection bags by this manufacturer (billing code 9943N) is a Medi-Cal benefit.

<u>Manufacturer Billing Code</u>	<u>Manufacturer Name</u>
1G	Apogee Medical, Inc.
2D	Go Medical (USA) Inc.

*This information is reflected on manual replacement pages mc sup man cd 2 and 4 (Part 2).*

### Incontinence Medical Supplies Updates

Effective for dates of service on or after January 1, 2006, the list of adult briefs reimbursed by Medi-Cal is updated to reflect new contracts with manufacturers of incontinence supplies. Some of the products from the current incontinence medical supplies list have been carried over to the new list. However, these products have new reimbursement rates, and most have new billing codes. Providers may purchase products from the new list beginning October 1, 2005, but may not bill Medi-Cal for these products before January 1, 2006.

Reimbursement for adult briefs on the current incontinence supplies list will continue at the current rate for dates of service on or before December 31, 2005. However, products not included in the new list will no longer be Medi-Cal benefits beginning January 1, 2006.

Also effective January 1, 2006, providers are limited to dispensing a maximum quantity limit of 180 disposable adult briefs in any 30-day period, per recipient, without prior authorization. This billing limitation is in addition to the existing \$165 limit per month, per recipient, for all incontinence supplies.

**Note:** Providers risk claim denial if they dispense products appearing on the new list before January 1, 2006. The Department of Health Services will allow additional sizes of disposable adult briefs that are not included in the contracts to be billed to Medi-Cal, with a *Treatment Authorization Request* (TAR), using a new miscellaneous incontinence billing code of 9999B.

Providers should retain the replaced manual pages from the *Incontinence Medical Supplies Product List* section as reference for submitting claims with dates of service on or before December 31.

*This information is reflected on manual replacement pages incont ap 2 (Part 2) and incont lst 2 thru 15 (Part 2).*

### Diabetic Medical Supplies Addition

Effective for dates of service on or after September 1, 2005, the following Roche Diagnostics Corporation-contracted diabetic supplies have been added to the *Medical Supplies List* section.

<u>Description</u>	<u>Billing Code</u>	<u>Bill Quantity in Total Number of</u>
Accu-Chek Aviva (50 count)	65702-0103-10	Strip
Accu-Chek Aviva (100 count)	65702-0104-10	Strip
Accu-Chek Multiclix (102 count)	50924-0450-01	Lancet

These products are reimbursable to Pharmacy providers only, and must be billed using the Point of Service (POS) network, Computer Media Claims (CMC) or by paper.

*This information is reflected on manual replacement page mc sup lst1 21 (Part 2).*

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Remove and replace: *Contents for Durable Medical Equipment and Medical Supplies Billing and Policy i thru iv \**  
appeal form 1/2 \*\*, 7/8 \*\*  
cal child ser 7/8 \*  
children 1 thru 4 \*\*  
cif sp 3 thru 8 \*  
dura 11/12 \*  
dura bil dme 3 thru 8 \*, 9/10  
dur bil oxy 7/8 \*

Remove: dura cd 3 thru 23  
Insert: dura cd 3 thru 24 \* (*new*)

Insert new section  
after *Durable Medical  
Equipment (DME): Billing  
Codes and  
Reimbursement*  
Rates:

dura cd ccs 1

Remove and replace: dura cd fre 1 thru 4 \*  
hcpcs iii 3/4 \*  
incont ap 1/2

Remove: incont lst 1 thru 22  
Insert: incont lst 1 thru 29 (*new*)

Remove and replace: mc sup lst1 21/22  
mc sup man cd 1 thru 4  
mcs manag 1/2 \*\*

Remove: medi cr hcfa 1 thru 24  
Insert: medi cr hcfa 1 thru 20 \*

Remove: medi cr hcf exa 1 thru 5 \*  
Insert: medi cr hcf exa 1 thru 3 \*

Remove and replace: medi cr hcf pra 9 \*

Insert new sections  
after *Medicare/Medi-Cal  
Crossover Claims:  
Medi-Cal Pricing Examples  
for Allied Health:*

medi cr ub 1 thru 7 \*  
medi cr ub ex 1 thru 5 \*

Remove and replace: medi non hcp 1/2 \*  
modif app 1 thru 7 \*  
ortho cd1 3/4, 5/6 \*, 9 thru 16 \*, 17 thru 22, 25/26 \*  
ortho cd2 5 thru 10 \*, 15 thru 22 \*  
respir 3 thru 6 \*  
share hcfa 3/4 \*\*

\* Pages updated due to ongoing provider manual revisions.

\*\* Pages updated due to ongoing provider manual revisions. County Medical Services Program (CMSP) providers should remove these pages but retain them in the Appendix of their provider manual for future reference.

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### Part 2 (*continued*)

Remove and replace:   tar crit nf 7/8 \*\*  
                                  tar dis cod 3/4 \*\*  
                                  tar field 1/2 \*\*  
                                  tax 1 thru 8 \*

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